ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
CHILD CARE ASSISTANCE PROGRAM

RATE CHANGE FORM INSTRUCTIONS

Step 1: If you are having difficulty using this form, please download and install the newest version of Adobe Reader available at http://get.adobe.com/reader/.

Step 2: Fill out your ***DAILY*** rate information. Each box allows for the input of the amount you charge for each care type and age type. *Amounts below are examples, please check the County Cap Rates for your county to determine the maximum amount allowed through the Voucher Program.*

DAILY RATES

(Weekly rates will not be accepted.)

	Part-Time	Half-Time	Full Day	Night Care	Weekend
Infants (0-18 mos)	$5.00	$10.00	$17.50	$20.00	$25.00
Toddlers (18-36 mos)					
Pre-school (30-71 mos)					
School Age (72+ mos)					

Step 3: Fill in the information pertinent to your facility. If using this form to submit online, you must complete the areas in red and the signature section (See the Signature Instructions for instructions in completing this). If faxing or mailing in this form, you must manually sign the form after completing the rest.

I am requesting DHS to input rates for my child Care facility as listed above. I am authorized by my facility to make this request. I understand the provisions and conditions of rate changes.

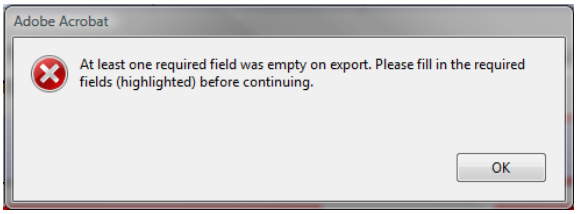
Signature _____ Facility Name _____

License Number _____ City and ZIP _____

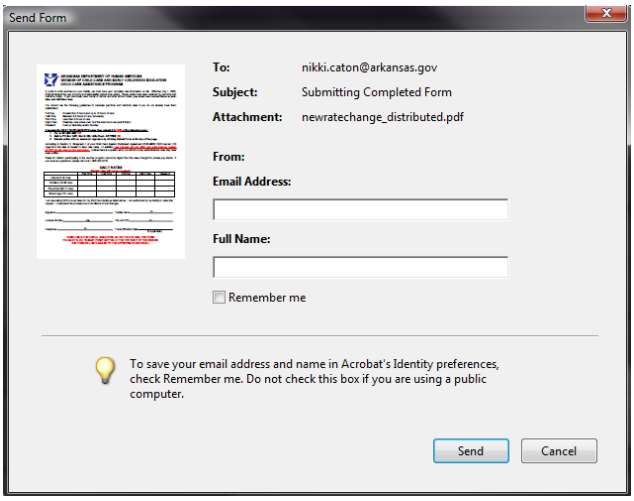
Telephone _____ Future Effective Date _____
(If applicable)

Step 4: When the form has been completed and is ready for online submission, simply click the Submit Form button at the top of the screen.

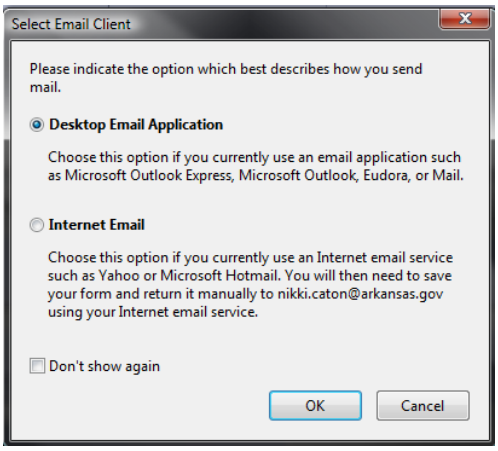
Step 4a: If you have not completed one of the required fields, you will be prompted with the following message. Check your form to ensure you have completed all red bordered fields and the signature field.



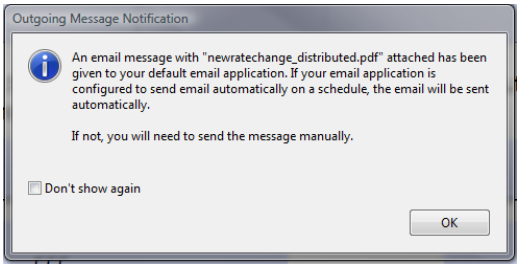
Step 5: Upon clicking “Submit Form”, you will be prompted to put in your email address and name. After doing so, click “Send” in the bottom right corner of the window.



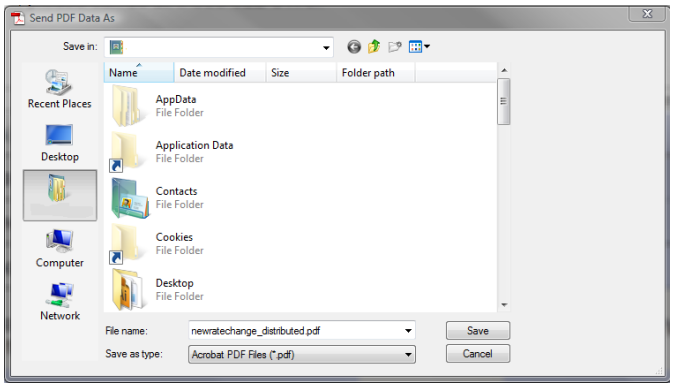
Step 6: At the next window you will be prompted to choose either “Desktop Email Application” or “Internet Email”. Choose the one that applies to you.



Step 6a: If you choose Desktop Email Application, you should see the following screen. Upon clicking “OK” your Desktop Email Application will automatically send your Rate Change Request. Your rate change has been submitted, you are now done and may close the “Rate Change Request Form” and do not have to complete the following steps.



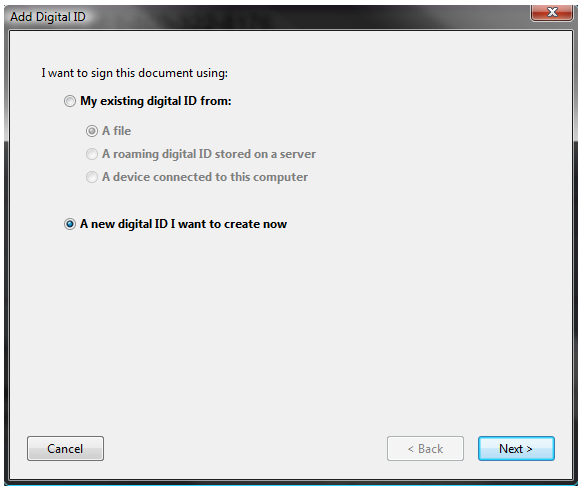
Step 6b: If you choose Internet Email, you should get a “Save PDF Data As” screen as shown below. Choose a location to save the file, then click “Save”.



Step 7: Once the file has been saved, open your Internet Email (Yahoo, Hotmail, Gmail, etc) and start a new email. Compose the email to be sent to nikki.caton@arkansas.gov. Attach the file that was saved in step 6b. The subject of the email should be: Submitting Completed Form. Send the email. Your rate change has been submitted, you are now done and may close the “Rate Change Request Form”.

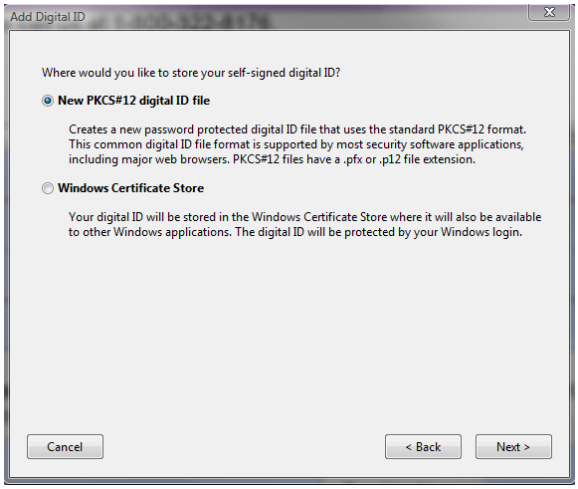
Signature Instructions

Step 1: Click the Signature field. You should see the following screen.

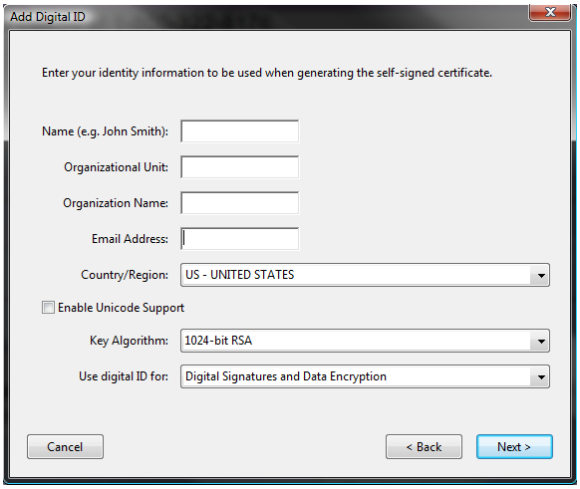


Choose the 2nd option, “A new digital ID I want to create now” and click “Next”.

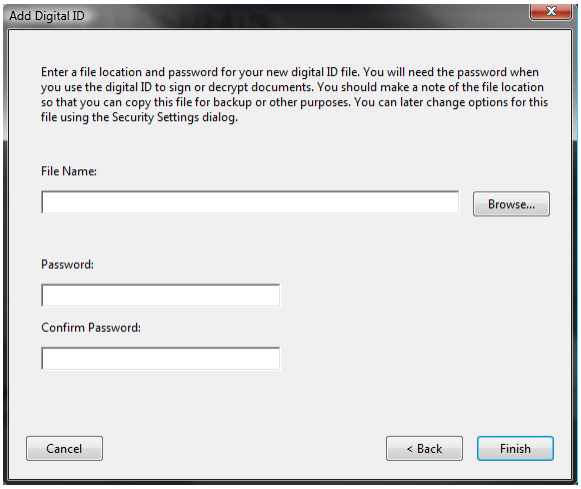
Step 2: Ensure that “New PKCS#12 digital ID file” is selected and click “Next”.



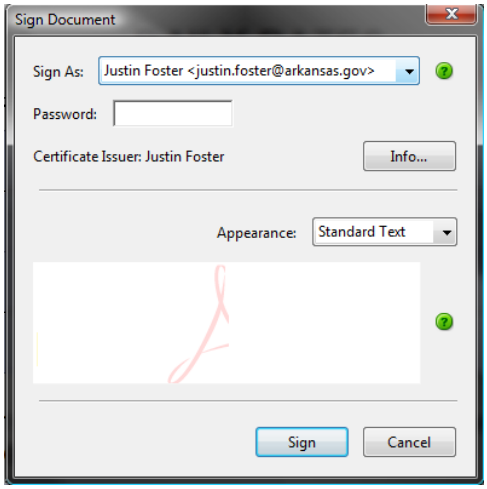
Step 3: Fill out the information in the next screen. Organizational Unit should be left blank.



Step 4: At the next screen create a password in the fields provided and click “Finish”. Leave the “File Name” as is. It is blank in the screenshot because it is different for everyone.



Step 5: At the next screen, put in your newly created password and click sign. Your signature will appear in the white box at the bottom of the window.



For any problems or questions filling out this form, please call Justin Foster at 501-682-4896.

For any questions directly related to Rates, please call Nikki Caton at 501-682-4827 or Velia Miller at 501-371-1255.